

SOCIAL SECURITY NO.

COBB COUNTY BOARD OF ELECTIONS & REGISTRATION

APPLICATION FOR OFFICIAL ABSENTEE BALLOT**PLEASE PRINT***(FAILURE TO FILL OUT THE FORM COMPLETELY WILL DELAY YOUR APPLICATION)*

OFFICE USE ONLY		DATE OF BIRTH		PHONE NO.	
NAME AS REGISTERED:		LAST	FIRST	MIDDLE	
ADDRESS AS REGISTERED	#	STREET	CITY	ZIP CODE	

☐ Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter). ☐ If voter will be in the hospital on Election Day, the ballot may, at the discretion of staff, be brought to the hospital by staff for the voter to vote that day. Please specify hospital name:

#	STREET	CITY	ZIP CODE
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I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING ELECTION:

One application per election may be filed up to 180 days prior to the election date (*see exceptions in shaded area below for Military, Over 75 or Disabled).

- ☐ Presidential Preference Primary/Special Election, **March 2, 2004** choose a party ►
☐ General Primary/Nonpartisan Election/Special, **July 20, 2004** choose a party ►
☐ Primary Runoff/Nonpartisan Runoff/Special Runoff, **August 10, 2004** choose a party ►
☐ General- Election/Special Election, **November 2, 2004**
☐ General- Runoff, **November 23, 2004**
☐ Other _____ DATE _____

For Primaries, Please Choose a Party:

☐ Democrat; ☐ Nonpartisan; ☐ Republican

AV ☐ Advance Voting. I am voting in person at the office Monday -- Friday immediately prior to the election and am not required to provide a reason.

I will not be able to vote in my precinct on Election Day for the following reason:

- ☐ OP I am required to be absent from my precinct all day on primary or election day (7:00 a.m. to 7:00 p.m.)
☐ EO I am an election official who will perform official acts or duties in connection with the primary or election.
☐ D I have a physical disability;
☐ 75 I am 75 years of age or older;
☐ CG I am required to give constant care to someone who is physically disabled.
☐ RH The date of the primary or election falls on a religious holiday which I observe.
☐ PS I am required to remain on duty in my place of employment for the protection of the health, life or safety of the public during the entire time the polls are open and my place of employment is within my precinct.
☐ OPM I am required to be out of my precinct because I am currently on active duty with the U.S. military, or a spouse or dependant of same.
☐ OS I am a citizen of the U.S. **permanently** residing outside the U.S., was last domiciled in Georgia, and I am not domiciled or voting in any other state. I understand that I am allowed to vote for President, Vice President, U.S. Senator and U.S. Congressman. (If you are **temporarily** residing out of the country, you should mark OP Out of Precinct, and you will receive the complete ballot.)

***If you meet the following criteria: ► 75 years old or older, or ► Have a physical disability, you may choose to complete one application and receive a ballot for the Primary and Runoff, General and Runoff, however a separate application is required for the Presidential Preference Primary; ► Member of the Military living outside the county/municipality, or a spouse or dependent of same, or overseas citizen, may receive a ballot for all Primaries and Elections for federal office through the second General election, by checking this box:**
☐ **All absentee ballots as allowed by law.**

SIGNATURE OR MARK* OF VOTER

*Signature of person preparing application if voter is disabled or illiterate

You may apply on behalf of another person in the following circumstances: In the case of a voter residing temporarily out of the county or a physically disabled voter residing within the county, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, or sister-in-law of the age of 18 or over upon completing the following oath: I, the undersigned do swear (or affirm) that the above-named voter is ☐ residing temporarily out of the county or is a ☐ physically disabled voter residing within the county and that the facts included in this application are true.

SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT

DIST. COMBO		PRECINCT	OFFICE USE ONLY	
BALLOT	ISS.	DATE	I HEREBY CERTIFY THAT THE ABOVE NAMED VOTER	
I.D. SEEN: GADL _____ OTHER _____			<input type="checkbox"/> IS ELIGIBLE	
			<input type="checkbox"/> IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT	
			REASON FOR REJECTION: _____	
			<input type="checkbox"/> PACKET PREPARED BY _____	
			<input type="checkbox"/> PACKET REVIEW BY _____	
			INITIALS _____	